

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/2/03.

I. DISPUTE

Whether there should be reimbursement for psychiatric biofeedback – 90915 denied by the respondent as “N” – additional documentation required to substantiate procedure and/or charged amount.” The individual psychotherapy – 90844 and report preparation - 90889 denied by the respondent as not preauthorized. The disputed services were delivered by the requestor from 3/3/03 through 4/15/03.

II. RATIONALE

There is no MAR for the biofeedback service - 90915; therefore, the service is DOP. The 1996 MFG General Instructions Ground Rule III (A) states that “Documentation of procedure (DOP) in the maximum allowable reimbursement (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill. DOP is used when the services provided are not specifically listed or are unusual or too variable to have an assigned MAR. The required documentation may vary based on the complexity of the procedure. DOP shall include pertinent information about the procedure including:

1. Exact description of procedure or service provided;
2. Nature, extent, and need (diagnosis and rationale for the service or procedure;
3. Time required to perform the service or procedure;
4. Skill level necessary for performance of service or procedure;
5. Equipment used (if applicable); and
6. Other information as necessary.

The biofeedback medical reports sufficiently documented delivery of service and DOP. Reimbursement is recommended.

The psychotherapy 90844 (and report – 90899) was not preauthorized by the carrier until 3/25/03, with a start date of 3/21/03, a couple weeks after the delivery of service. Rule 134.600 (b)(1) states, “The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury... when...

- (B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;”

The preauthorization for this service was not approved until after delivery of service and had a start date of 3/21/03, 18 days after the delivery of service. On this basis, reimbursement for the psychotherapy and report is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for biofeedback - 90915 in the amount of **\$240.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$240.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of December 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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